

EXPERIENCED

AO 435 (Rev. 12/03)		Administrative Office of the United States Courts			FOR COURT USE ONLY DUE DATE:	
TRANSCRIPT ORDER						
<i>Please Read Instructions above</i>						
1. NAME PATRICIA COOK PROFIT		2. PHONE NUMBER (956) 618-8010		3. DATE 2/13/2020		
4. MAILING ADDRESS 1701 W. Bus. Hwy. 83, Ste. 600		5. CITY McAllen		6. STATE TX	7. ZIP CODE 78501	
8. CASE NUMBER M-20-0240		9. JUDGE PETER E. ORMSBY		DATES OF PROCEEDINGS 10. FROM 2/11/2020 11. 2/11/2020		
12. CASE NAME US v. DANIEL SEPULVEDA, ET AL.				LOCATION OF PROCEEDINGS 13. McAllen, TX 14.		
15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CIVIL		<input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> OTHER
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)						
PORTIONS		DATE(S)		PORTION(S)		DATE(S)
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)		
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)						
<input type="checkbox"/> OPENING STATEMENT						
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING		
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)						
<input type="checkbox"/> OPINION OF COURT						
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> SENTENCING				DETENTION HEARING		2/11/2020
<input type="checkbox"/> BAIL HEARING				TRANSCRIPT		
17. ORDER						
CATEGORY	ORIGINAL (Includes Free Copy for the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
EXPEDITED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			500.00
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL		500.00
18. SIGNATURE <i>Patricia C. Profitt</i>				PROCESSED BY <i>RICK RODRIGUEZ</i>		
19. DATE 2/18/2020				PHONE NUMBER <i>(956) 618-8498</i>		
TRANSCRIPT TO BE PREPARED BY <i>J.T.T.</i>				COURT ADDRESS		
ORDER RECEIVED		DATE	BY			
DEPOSIT PAID				DEPOSIT PAID		
TRANSCRIPT ORDERED				TOTAL CHARGES		500.00
TRANSCRIPT RECEIVED				LESS DEPOSIT		500.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT				TOTAL DUE		500.00

(Previous editions of this form may still be used)

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